

UNITED STATES BANKRUPTCY COURT  
MIDDLE DISTRICT OF FLORIDA  
ORLANDO DIVISION

In re: CASE NO 13-bk-12103-CCJ

**COLLEEN MARY MCDONOUGH,**

Debtor(s).

    X     **Chapter 13 Plan**            **Amended Chapter 13 Plan**

COMES NOW, the Debtor(s) and files this Chapter 13 Plan. The projected disposable income of the Debtor(s) is submitted to the supervision and control of the Chapter 13 Standing Trustee, and the Debtor(s) shall pay the following sums to the Chapter 13 Standing Trustee:

PLAN PAYMENTS

**Payment Number by months** **Amount of Monthly Plan payment**

**1-60** **\$541.00**

The Debtor(s) shall pay by **money order**, **cashier's check** or **wage deduction**, to Laurie K. Weatherford, Chapter 13 Standing Trustee, P.O. Box 1103, Memphis, Tennessee 38101-1103. The Debtor(s) name and case number must be indicated clearly thereon and received by the due dates for payments established by court order.

PAYMENT OF CLAIMS THROUGH THE PLAN

**Attorney Fees**

<b><u>Attorney Name</u></b>	<b><u>Claim Amount</u></b>	<b><u>Payment Amount</u></b>	<b><u>Payment Month Numbers</u></b>
<b>CAROLE BESS</b>	<b>\$2,432.00</b>	<b>\$486.90</b>	<b>1-4</b>
		<b>\$484.40</b>	<b>5</b>
<b>MONITORING FEES</b>		<b>\$50.00</b>	<b>7-60</b>

**Priority Claims**

The fees and expenses of the Trustee shall be paid over the life of the Plan at the rate allowed as governed by the guidelines of the United States Trustee and

<b>Name of Creditor</b>	<b>Claim Amount</b>	<b>Payment Amount</b>	<b>Payment Month Numbers</b>
-------------------------	---------------------	-----------------------	------------------------------

**Secured Claims**

<b>Secured Creditor</b>	<b>Claim Amount</b>	<b>Payment Amount</b>	<b>Payment Month Numbers</b>
-------------------------	---------------------	-----------------------	------------------------------

<b>FREEDOM ROAD</b>	<b>\$8,759.00</b>	<b>paid outside plan</b>	<b>1-60</b>
---------------------	-------------------	--------------------------	-------------

<b>SPACE COAST CU</b>	<b>\$9,985.73</b>	<b>paid outside plan</b>	<b>1-60</b>
-----------------------	-------------------	--------------------------	-------------

<b>WELLS FARGO</b>	<b>\$7,869.56</b>	<b>paid outside plan</b>	<b>1-60</b>
--------------------	-------------------	--------------------------	-------------

**Secured Arrearage**

<b>Name of Creditor</b>	<b>Claim Amount</b>	<b>Payment Amount</b>	<b>Payment Month Numbers</b>
-------------------------	---------------------	-----------------------	------------------------------

**Secured Gap Payments**

<b>Name of Creditor</b>	<b>Claim Amount</b>	<b>Payment Amount</b>	<b>Payment Month Numbers</b>
-------------------------	---------------------	-----------------------	------------------------------

**Property to Be Surrendered:****Creditor Name:****Property Address****HSBC-1<sup>st</sup> Mortgage****1282 Eastland Point  
Longwood, FL 32750****21<sup>st</sup> Mortgage Corporation-2nd Mortgage****1282 Eastland Point  
Longwood, FL 32750****Valuation of Security:**

<b>Name of Creditor</b>	<b>Claim Amount</b>	<b>Payment Amount</b>	<b>Payment Month Numbers</b>
-------------------------	---------------------	-----------------------	------------------------------

**Executory Contracts:**

**The following Executory Contracts are assumed**

<u>Name of Creditor:</u>	<u>Description of Collateral:</u>	<u>Month Numbers:</u>
--------------------------	-----------------------------------	-----------------------

**The following Executory Contracts are rejected:**

<u>Name of Creditor:</u>	<u>Description of Collateral:</u>
--------------------------	-----------------------------------

**Unsecured Creditors:** whose claims are allowed shall receive a pro rate share of the balance of the funds remaining after payments to Priority and Secured Creditors are made. Approximate percentage: %

Property of the Estate reverts in the Debtor(s) upon confirmation of the plan, OR upon completion of all plan payments and the discharge of Debtor(s).

**CERTIFICATE OF SERVICE**

I/We hereby certify that a true and correct copy of the Chapter 13 Plan of Debtor(s) was furnished by United States mail, postage prepaid, to All Creditors and Parties in Interest as listed on the Court's Matrix as attached, this 14th day of October, 2013.

/s/Carole Suzanne Bess  
**CAROLE SUZANNE BESS**  
101-B North Plumosa Street  
Merritt Island FL 32953  
Florida Bar No.: 848700  
Tel: (321) 452-1991  
Fax: (321) 452-1995  
Counsel for the Debtors